

AMERICAN MEDICAL TIMES

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Original Lectures.

LECTURES ON AUSCULTATION, PERCUSSION, ETC.

DELIVERED AT THE

BELLEVUE HOSPITAL MEDICAL COLLEGE, DURING THE
PRELIMINARY TERM.

SESSION OF 1861-62.

By AUSTIN FLINT, M.D.,

PROFESSOR OF THE PRINCIPLES AND PRACTICE OF MEDICINE.

LECTURE IV.

Inspection.—Application to Determine the Frequency of Respirations and Diagnostic Characters pertaining to Labor and Rhythm of the Respiratory Acts.—Normal Deviations from the Symmetry of the two Sides of the Chest.—Respiratory Movements of the Chest in Health.—Signs obtained by Inspection in Pleurisy, in Emphysema, in Pneumonia, in Partial Enlargement from Dilatation of the Heart and Pericarditis, Tumors, enlarged Spleen and Liver.—Sinking in of the Yielding Portions of the Chest in Cases of Obstruction within the Air Passages, and of Emphysema.—Depression of the Summit of the Chest, in Front, and diminished Superior Costal Breathing in Cases of Tuberculosis.—Restrained Movements of the Scapula in Tuberculosis and other Affections.

GENTLEMEN:—I have considered in the three preceding lectures the signs obtained by percussion. I shall now ask your attention to the consideration of another method of exploration, viz. Inspection. I shall speak of inspection, mensuration, palpation, and succussion, before I enter upon auscultation, reserving the consideration of the latter—the most important of all the methods—until the last.

By inspection is meant, simply, an ocular examination of the chest. It furnishes important signs, relating, first, to the frequency, rhythm, etc., of the respirations; and second, to the size, form, and movements of the chest. We direct our eyes to the chest, without removal of the clothing, in order to observe and enumerate the respirations. Certain pulmonary affections are characterized by great frequency of the respirations. This is true of capillary bronchitis, of certain cases of pneumonia, when a large portion of the lungs becomes involved, of cases of pleurisy in which considerable effusion has taken place rapidly, and of cases of acute phthisis. The frequency of the respiratory acts is a point of importance in the diagnosis of these affections.

The respirations, with or without increased frequency, may be more or less labored, and this labor may be marked in the inspiratory act alone, in the expiratory act alone, or in both acts. Here are points of importance in diagnosis. Another point relates to rhythm, i. e. the relative duration and quickness of the inspiratory and expiratory acts. In affections of the larynx causing obstruction, viz. acute laryngitis, membranous croup, diphtheria extending within the larynx, and morbid growths in this situation, the respirations are labored, and the labor is manifest both in inspiration and expiration. But in œdema of the glottis, the obstruction and labor are confined to the inspiratory act, and this fact is to be taken into account in the diagnosis of that affection. In dyspnoea due to emphysema and asthma, the inspiratory act is shortened and quickened, while the expiratory act is prolonged and labored. We have recently illustrated this rhythmical change in a patient now in one of my wards. It is quite diagnostic of that affection. The patient, suffering in consequence of an over-distension of the air-cells with air, expires with abnormal force, at the same time prolonging the act, in order to expel from the lungs as much air as possible, and thus create space for a fresh supply of air; and the want of fresh air impels him to inspire with rapidity. The inspiratory act is shortened and quickened whenever dyspnoea is felt, and there is no

obstruction to the ingress of air. I shall have occasion, also, to point out this change in rhythm as accompanying and preceding the state of coma suddenly developed in the continued fevers. A similar change is observed in some cases of hysteria.

A single practical remark with reference to observing and enumerating the respirations. If patients are aware that the attention of the physician is thus directed, they are sometimes led, unintentionally, to modify the habitual mode of breathing. It is, therefore, desirable to note the points pertaining to rhythm and labor, and to ascertain the frequency of the respirations by counting, when the patient supposes your attention to be elsewhere directed. The most convenient plan is to observe the breathing while holding the wrist of the patient, after having observed the pulse, as if the latter symptom were still under observation.

The second application of inspection, viz. to obtain signs pertaining to the size, form, and movements of the chest, is of great importance. It should generally be employed prior to employing the other methods of exploration, in order to ascertain if the chest be deformed or symmetrical, and to seek for information which will frequently guide us in the employment of the other methods. Here, as in studying the signs obtained by other methods, we must take, as our point of departure, the state of health. What are the important points pertaining to the size, form, and movements of the healthy chest?

In proceeding to answer this question, I shall introduce a patient with a healthy and well formed chest. The chest is completely exposed to view, and here let me remark, that this should be required whenever we are called upon to make a careful physical exploration in the male subject. It is sometimes important to explore the entire chest in the female, but it will suffice, in most cases, to inspect successively the upper and lower thirds of the anterior surface, uncovering completely the back. We make this compromise with the requirements of delicacy in the female, but in the male we should avail ourselves of the advantages of inspection to the fullest extent.

In inspection as in percussion, we compare the two lateral halves of the chest, and the signs of disease consist of abnormal points of disparity between the two sides. Now, are the two sides of a healthy and well formed chest in all respects symmetrical? They are so in certain respects, but not in all. The shoulders, as in the subject before you, should be on a level, i. e. the scapula on either side should neither be elevated nor depressed; the interscapular spaces should be equal in width; the nipples should be on a level, and equi-distant from the median line, and the infra-clavicular regions should be alike as regards fullness. In these respects you see the chest before you is symmetrical. But if you compare the two sides of the inferior portion, it is evident to the eye that the right side is somewhat larger than the left. This is generally the case, the circumference of the right side usually exceeding that of the left by about half an inch. A slight prominence is also perceptible in the præcordial region. This is apparent in about twenty-five per cent. of healthy persons with well formed chests. In about the same ratio, also, a certain amount of prominence is apparent behind on the right side. These are normal points of disparity between the two sides; and we examine patients by inspection to ascertain, in the first place, whether, in other respects than these, the chest is symmetrical. The normal symmetry may be lost by spinal curvature; and more or less lateral curvature is quite common in healthy persons, especially in females. This not only affects the normal symmetry as regards inspection, but as regards the signs obtained by percussion and auscultation, and proper allowance is to be made for it. So, various deformities of the chest may exist, dependent on accidents and diseases of early life.

Next, let us direct our attention to the visible movements of the chest in respiration. As this patient now breathes quietly, you perceive a rising of the abdomen with inspiration, and a falling with expiration, due to the play of the

diaphragm. At the same time, as you observe, there is a lateral expansion of the lower ribs. There is also a slight movement at the upper part of the chest.

The movements in the three situations just named may be regarded separately, and it is convenient to distinguish them from each other by different names. The movements of the abdomen we will call abdominal breathing; the movements of the lower ribs we will call the inferior costal, and the movements of the upper part of the chest we will call the superior costal breathing. Generally, in the male subject, the breathing, when tranquil, is abdominal and inferior costal mainly, or exclusively. The superior costal breathing is but little, or not at all, apparent. In the female it is different, the superior costal breathing being more marked. But in forced breathing in the male, the abdominal movements are less marked than in tranquil breathing, the inferior and superior costal movements becoming prominent, and in the female the superior costal movements are notably so. Regarding the chest from behind, the scapulae are slightly and equally raised in tranquil, and especially in forced breathing. These points, so far as the male subject is concerned, are illustrated in the patient before you.

We will now direct our attention to the signs of disease, and the readiest way of presenting these is to consider them as they occur in the different thoracic affections. We will consider first the signs obtained by inspection in pleurisy.

In the first stage of pleurisy, *i. e.* prior to much liquid effusion, there is no change in size apparent to the eye, but the movements of the affected side are diminished, and those of the healthy side increased. This disparity is observable in the superior costal, inferior costal, and the abdominal movements. The pain produced by the movements of the affected side leads the patient instinctively to restrain them, and the movements are instinctively increased on the other side by way of compensation. These signs, however, are not distinctive of pleurisy. They are also present in cases of pleurodynia and intercostal neuralgia, in proportion to the painfulness of the movements of the affected side in these affections.

In the second stage of pleurisy, *i. e.* after liquid effusion has taken place, the size of the chest on the affected side becomes enlarged when the quantity of liquid is sufficient to compress the lung and dilate the thoracic walls; and, in proportion to the dilatation, the movements are restrained or even arrested, not now on account of pain, but because the affected side is already expanded more or less, perhaps to the utmost limit of a forced inspiration, or even beyond that limit. The movements of the healthy side are still supplementarily exaggerated.

These appearances are illustrated in the three patients whom I shall now introduce. They are patients whom you have already seen. One is affected with empyema, one with ordinary chronic pleurisy, and the other with pneumo-hydrothorax—all these affections being varieties of pleurisy. As these patients now stand side by side, you see, at once, the enlargement of one half of the chest in each; you see, too, this enlargement extends over the whole of the affected side, but is most marked at the base, and the movements on that side are almost nil, while they are abnormally increased on the healthy side.

Let me call your attention to a point connected with the enlargement of one side of the chest in each of these cases, which is, in itself, almost proof of the presence of liquid effusion. Observe, in each case, at the inferior antero-lateral portion of the chest, on the affected side, the intercostal spaces are not depressed, while they are so on the opposite side. They are pushed out on a level with the ribs, and do not become depressed even when the patients take a forced inspiration, which depresses the spaces deeply on the healthy side. I now recall our healthy subject, and you see, in the situation indicated, the intercostal depressions are apparent on both sides, and are deeply marked on both sides with a forcible inspiration. This pushing out of

the intercostal spaces is almost conclusive evidence that the chest is dilated by a liquid. The expansion of the lung in emphysema sometimes has this effect, but not generally, and very rarely to the same extent.

If you direct your observation more closely to the affected sides in these three cases, you will perceive the direction of the ribs to be less oblique than on the healthy side; they approximate to a horizontal direction, and the spaces between the ribs are wider. Looking at the chest from behind, when I request the patients to breathe in a forcible manner, you see the scapula on the affected side remains nearly motionless, while it is considerably raised on the healthy side. The interscapular spaces are somewhat wider on the affected sides, and the shoulders are slightly raised.

When recovery from pleurisy takes place, the liquid disappears, and what is the effect? The lung expands, but not at once, if ever, to the same volume which it had before. It remains more or less contracted, and the consequences are proportionate contraction of the chest from atmospheric pressure. This contraction, subsequent to pleurisy, other things being equal, is great or small, according to the extent and duration of the previous dilatation from the liquid. It decreases and sometimes disappears if the patient be young, but it always remains to a greater or less extent if the patient have attained to adult years. Generally the contraction is characteristic, so that the fact that pleurisy has occurred at some period more or less remote, is determinable by inspection; a retrospective diagnosis is easily made. You will meet with persons frequently who present the indelible traces of chronic pleurisy in the appearance of the chest.

Among the patients in my wards I have found two who present, in a remarkable degree, the contraction of the chest due to recovery from chronic pleurisy. I now introduce them, with their chests denuded. You observe in both the contraction everywhere on one side in front; the shoulders on that side lowered; the interscapular spaces greatly diminished; the respiratory movements restrained; the spaces between the ribs lessened, and the nipple carried downwards. These appearances are by no means so striking in all cases; they are of every gradation between a moderate and a very great degree of contraction.

I may as well here call your attention to the situation of the heart in one of the cases in which the chest on one side is filled with liquid (empyema), and in one of the cases of contracted chest. The situation of the heart may be determinable by palpation and auscultation when inspection is not available for this purpose; but in these cases it happens that the beating of the organ is distinctly seen. In the case of empyema, the beating is visible in the third intercostal space on the right side. The accumulation of pus in the left pleural sac has pushed the heart from the pericardium into its present situation. The presence of the heart in this abnormal situation is evidenced by percussion and by auscultation. This is the direction in which it is carried by liquid effusion in sufficient quantity accumulating in the left pleural sac. In one of the cases of contracted chest, you also see the beating of the heart on the right side of the sternum in the fourth intercostal space. The contraction, in this case, is on the right side; how, then, does it happen that the heart is on that side? It has been drawn into that side by atmospheric pressure or suction. As the liquid was removed by absorption, the lung failed to expand sufficiently to fill the space left vacant; the thoracic walls were depressed to a certain point and then resisted the pressure; then, the heart, being movable, was drawn into the right side to fill the vacuum. You see, by the evidence afforded by percussion, that the liver is elevated, pushing the diaphragm upwards higher than usual.

I may mention here another way in which the heart becomes permanently dislocated, which is illustrated by a case now at the Island Hospital. In this case, the patient is recovering from chronic pleurisy affecting the left side. The chest is now contracting, and the heart, which was pushed by the liquid into the right side, has formed abnor-

mal attachments there and remains, although the dislocating cause is removed.

So much for the signs obtained by inspection in pleurisy. I need hardly illustrate again the fact that, in the cases in which we have liquid filling the chest on one side, we have flatness on percussion; and flatness below, with tympanitic resonance above, in the case of pneumo-hydrothorax.

We will, next, consider the appearances of the chest in cases of emphysema. In ordinary pulmonary or vesicular emphysema, as you know, the air-cells are abnormally dilated; the ratio of air to solids is increased; the lungs are rarified, and generally, they are enlarged in volume. The upper lobes are the seat of this affection in the majority of cases. Both upper lobes are usually more or less affected, but one lobe more so than the other. We have, therefore, in a well-marked specimen of this affection, dilatation of the upper portion of the chest, the form becoming more rounded than in health, or, as Rokitsky calls it, barrel-shaped. This appearance and other changes I will illustrate by a patient whom I now introduce. In this case, the characteristic appearances are as finely exemplified as in any case which has fallen under my observation. Were it proper to apply such a term to a deformity due to disease, I would say that you have now before you a beautiful specimen of the visible characters of emphysema.

You observe that the chest on both sides, at the upper and middle thirds, is bulging, and that the lower portion seems greatly contracted. This contraction at the lower portion is, in part, only apparent in consequence of the upper portion being dilated, but it is partly real, i.e. the action of the diaphragm has, in reality, contracted this portion. Observe that the head is thrown forward and the patient appears to stoop. On looking at the chest behind, you see there is a considerable anterior curvature of the spine. This is one of the changes due to the disease, and in some cases it exists even to a greater extent than in this case. The patient being thin, the eye readily follows the direction of the ribs; and you will observe that, at the dilated portion of the chest, the ribs, instead of pursuing an oblique direction downward, are nearly horizontal. You see also that the intercostal depressions, at the lower part of the chest, are deeply marked.

So much for the appearances relating to size and form. Now, direct your attention, if you please, to the movements of the chest. You perceive, as the patient now breathes, the movements are mostly limited to the lower portion of the chest and abdomen; and you perceive that, instead of being dilated, the chest at the lower portion is contracted with inspiration. This is still more apparent as I cause the patient to breathe forcibly. As I do this, if you direct your eyes to the upper and middle portions of the chest, you will observe that, in place of the superior costal movements which have been pointed out as belonging to health, the ribs and sternum together rise and fall as if they composed one solid piece. This is because the horizontal direction of the ribs and the dilatation of the chest have lessened the angle formed by the junction of the ribs and costal cartilages, so that the action of the costal muscles is exerted on the sternum and ribs together and not confined to the latter chiefly, or entirely, as in health.

I now percuss the chest, and you perceive the exaggerated, vesiculo-tympanitic resonance which belongs to emphysema. Auscultation, also, furnishes corroborative signs.

So fine an example of the signs of emphysema, obtained by inspection, is not often met with. When these signs are as marked as in this case, inspection is quite sufficient for the diagnosis. You must not infer the absence of emphysema because these appearances are not as well marked. They are presented in every gradation, as regards prominence, and the less they are marked, the more we are dependent for the diagnosis on other signs, obtained by percussion and auscultation, taken in connexion with the history and symptoms.

Inspection furnishes certain signs in cases of pneumonia.

In the early period of this disease, if pain from co-existing pleurisy be present, the movements of the affected side are restrained, as in primary pleurisy, and for the same reason. Subsequently the affected side is dilated in proportion to the extent to which the volume of the lung is enlarged by the inflammatory exudation. In cases of pneumonia extending over an entire lung, the dilatation is sometimes considerable, and the respiratory movements are considerably restrained. If, as is sometimes the case, liquid effusion into the pleura take place, the enlargement and diminished movements are still more marked. Finally, after recovery there may be some contraction of the affected side.

Partial enlargements of the chest, determinable by inspection, occur in various affections. Enlargement of the precordia is observed in certain cases of dilatation of the heart and of pericarditis. Enlargement occurs over aneurismal and other tumors. An enlarged spleen causes projection of the lower part of the left side of the chest. This is well shown in a case now in one of my wards, the patient being too feeble to come up into the amphitheatre. The same effect is produced on the right side by the enlargement of the liver. In some cases of enlarged liver, the organ extends upwards and dilates the lower part of the chest to such an extent that the patient may be supposed to have chronic pleurisy. I was once requested to see a patient, under these circumstances, with reference to the propriety of opening the chest. Inspection alone is generally sufficient to show that the dilatation is not due to liquid within the pleural sac; it is confined to, or is disproportionately great at the lower part of the chest. But if there be room for doubt, percussion suffices to render the diagnosis positive.

Inspection discloses, in cases of obstruction within the air passages, a sign indicative, not only of the fact of obstruction, but of its amount. This is a sinking in, during inspiration, of the parts of the chest which yield most readily to atmospheric pressure. It is seen first in the space above the clavicles, i.e. in the supra or post clavicular region; and, next, at the inferior and anterior portion of the chest on both sides. In cases of membranous croup, acute laryngitis and oedema of the glottis, in proportion to the amount of obstruction to the passage of air into the pulmonary cells, the space above the clavicles is drawn downwards when the patient inspires, the lower portion of the sternum is depressed and the sides contracted. The effect of opening the trachea in a patient suffering greatly from laryngeal obstruction, is very striking—the immediate and large expansion of the chest contrasting strongly with the appearances just mentioned. Depression above the clavicles is also observed in some cases of emphysema, an affection involving obstruction from the over-distension of air cells with air. The lungs in this affection being already dilated with air, the action of the diaphragm draws them downwards, and this creates a tendency to a vacuum at the other part of the chest, and consequent depression of the soft parts above the clavicles.

In conclusion, inspection affords important information in cases of pulmonary tuberculosis. An effect of the deposit of tubercle at or near the apex of the lung, is to diminish the volume of the part. We would not perhaps have expected this result, but clinical observation shows its occurrence. I suppose that the affected portion of the lung becomes contracted because the deposit cuts off the supply of air to more or less of the lobules, and thus occasions their collapse. Whatever may be the explanation, we know that this result is apt to occur, and in proportion as the volume of the upper part of the lung is diminished, the walls of the chest in this situation are depressed. Depression of the chest, therefore, at the summit, in the infra-clavicular region, is one of the signs of a tuberculous deposit, and is to be observed in some cases early in the progress of the disease. It is more or less marked in different cases, according to the extent to which the volume of the lungs is diminished. In advanced tuberculosis, the depression at the summit of the chest is apt to be still more marked, because, at this stage,

there is an actual loss of substance, owing to the destruction of lung substance in the formation of cavities.

Diminished expansive movement in inspiration is another result. This is attributable, in part, to the depression, and, partly, to the pleuritic adhesions which very generally take place over tuberculous deposits. The superior costal breathing movements are lessened on the affected side, and this becomes a sign of value in the diagnosis of tubercle. It is present in a pretty large proportion of cases, and not infrequently at an early period in the disease.

I shall now introduce several patients, and you will be able to verify the signs just referred to. As you inspect them in succession, if you compare the two sides of the chest at the summit, as regards relative size or fulness and expansive movement with forced breathing, the disparity will be apparent. But in practising inspection with reference to this comparison, two precautions are important. *First*, You must examine sitting or standing directly in front of the patient, and with a good light striking directly, not obliquely, on the chest. You cannot observe correctly standing on either side of the patient. In this position the summit of the side most remote from you will often appear to present more expansion, although it may actually have less than the summit nearer you. You will readily satisfy yourselves of this fact if you examine patients standing successively in front and on one side. *Second*, You must take care to satisfy yourselves that the normal symmetry of the chest exists, before considering these signs as due to disease. A slight lateral curvature of the spine may cause an undue prominence at the summit on one side, and an undue depression on the other side, and the movements on the latter side will be restrained. I shall introduce a patient who shows flattening and diminished superior costal movements on one side. The patient is tuberculous, but the deposit of tubercle is on the opposite side to that presenting the signs just mentioned, as proved by the signs obtained by percussion and auscultation. Directing our attention to the spinal column in this case, we see that there is a slight lateral curvature, and this explains the apparent incongruity of the signs obtained by the different methods of examination.

[A number of patients were introduced, showing depression and diminished mobility of the summit on one side, and the fact of tuberculous solidification corroborated by percussion.]

I have said that in comparing the two sides of the summit, as regards size and movements, it is important to place yourselves directly in front of the patient. There is another position in which a disparity, if slight, is sometimes more apparent. It is a position behind the patient, in which you can look downwards (the patient sitting) across the chest. A comparison, especially as regards the superior costal movements, may be advantageously made in this manner.

An examination of the anterior surface of the chest, with reference to the signs just considered, should never be omitted in cases in which it is desirable to bring all available evidence to bear on the question as to the existence or non-existence of tubercle—a question of vast importance to the patient. We may also obtain some valuable information by an inspection of the chest from behind. In directing your attention to a posterior view of the healthy and symmetrical chest, I pointed out an equal elevation of the scapulae on forced breathing. Now, in certain affections, this upward movement of the scapula on one side is restrained. The two sides present a disparity in this regard. The scapula on the affected side is less raised than its fellow, or remains motionless, while that on the other side is more or less raised, in pleurisy, before and during effusion, and when the affected side becomes contracted after recovery. The same is observed in cases of pleurodynia and intercostal neuralgia. A disparity is also observed in cases of emphysema in which one lung is more affected than the other. It occurs, also, in cases of pulmonary tuberculosis. On the side to which the deposit of tubercle is confined, or in which it is most abundant, the upward movement of the scapula is

apt to be more or less restrained. You will see this fact exemplified in the cases which we have just examined by inspection of the chest in front.

You observe that in some of these cases this sign is marked; in others it is slight, and in some it is not apparent. It is not a constant sign in cases of tuberculosis, and varies considerably in different cases as regards the degree in which it exists; but it is to be included among the number of signs, derived from the different methods of examination, which may concur in rendering the diagnosis of tubercle positive, or, on the other hand, the absence of which may enable us to decide that the patient is not affected with this terrible disease.

The attention of the profession was called to this sign by Dr. Corson, in a paper read before the New York Academy of Medicine and published in March, 1859. I have not mentioned it in my work on the respiratory system, published in 1856, but I was led to observe it shortly afterwards, and have ever since been accustomed to refer to it in teaching physical exploration. I state this without any desire to claim priority, or to diminish the credit due to Dr. Corson, with whom the observation was doubtless original, and who was, so far as I know, the first to point it out in a published communication.

COMMENCEMENT OF THE MEDICAL COLLEGES OF NEW YORK.

SESSION OF 1861-62.

COLLEGE OF PHYSICIANS AND SURGEONS.

INTRODUCTORY ADDRESS BY PROF. T. M. MARKOE.

PROF. MARKOE commenced his remarks with a warm greeting of welcome to those who were about to commence their studies in the institution, and after reviewing, in a general way, the demands which would necessarily be made upon their energies, industry, and perseverance in the pursuit of their labors, proceeded to speak of the rewards which they might calculate upon as the legitimate return for such exertions.

In regard to pecuniary compensation he was compelled to acknowledge that some were niggardly enough in their notions to undervalue the services of the physician, but this he was convinced was the exception and not the rule; and taking into account every contingency, the physician's fees were such that, with due industry and attention, he could, if he proved acceptable in his administrations, maintain himself and his family in the social style and rank to which his education and scientific acquirements entitled him. Further than that it was not safe to indulge in any prognostications of monetary success.

Passing from the consideration of this subject, he next sketched in the following language, the scientific gratifications which the practice of the profession holds out as a reward to its votaries.

"The scholar, the lawyer, the merchant, the artisan, are often, perhaps I might say generally, earnest, and sometimes enthusiastically absorbed in, the thorough mastering of the subject matter of their life's daily duties. This is a feeling which is entirely independent of any considerations of livelihood, or maintenance, which the successful performance of those duties will secure. It is an attraction in the thing itself, which buries the scholar in his books, which trims the midnight study lamp of the advocate, and which sets in action the whole of the merchant's mental energy, that he may compass the laws which regulate those commercial interchanges upon which his success or failure will depend. Different from, and in fact an addition to, that overmastering importance which is imparted to all our endeavors by the consideration of the result to which they tend, this interest in the duty itself has a power to lighten life's labors, to elevate its pursuits, to ennoble its drudgery, and to extract a pleasure even from the weary treadmill of daily labor. In this respect, the practitioner of the medical

art is pre-eminently favored. There is a charm and an interest about his pursuits, which begin with his earliest studies, and have no end but with the faculties of his mind. Each opening page in his preparatory studies presents a new attraction to his desire for knowledge, and each case which presents itself in actual practice, offers a problem to be solved, both as to its nature and as to its management, which cannot be settled by mere reference to the catalogue of routine. To him, therefore, who proposes to do his professional duty in its highest sense, each case involves a careful mental scrutiny and elaboration, which will afford ample and pleasurable exercise to his highest intellectual attainments, and which the strictest rules of philosophy, in guidance of a thorough and well digested knowledge, can alone bring to a safe conclusion. Nothing more strikingly distinguishes the good practitioner from the indifferent routinist, than the clear distinct conception of the nature and relations of a given case, as contrasted with the cloudy and doubtful indistinctness of a mind which shows the want of habitual vigorous handling of the subjects presented to its grasp; and nothing can be more different than the scientific gratification of the former when he watches the successful result gradually evolved by his own intelligent and well considered treatment, and that meaner satisfaction of the other, as he hugs himself over a haphazard success, which occasionally diversifies the experience of the most blundering of our brethren. This immediate dependence of successful practice upon scientific accuracy, gives additional interest to this view of our subject, and affords a grateful stimulus to scientific devotion. The man who by early detection of obscure disease is enabled to exhibit successfully the remedies which in a later stage would have proved inefficacious, or he who, from a larger familiarity with the instruments of his art, can happily adapt and vary his remedial appliances, during a long course of tedious and dangerous suffering, has his immediate and daily reward, not less in the relief and comfort of his patient, than the gratification, which every noble mind must experience from the exercise of such heaven-derived endowments.

"But still further, this faculty of elaborating and individualizing cases of disease, strengthens by its daily exercise, and when earnestly cultivated, in connexion with appropriate and careful study, repays us amply, in a facility, a promptness, as well as accuracy of judgment, which soon incorporates itself as a permanent intellectual attainment, and which is of incalculable value, where we are called on to deal rapidly with large numbers of cases of every grade and variety of disease. Even in private practice we are occasionally oppressed with the number of urgent and important cases pressing upon us for immediate solution, and it is at such times that our weighty responsibility throws upon us our heaviest professional anxieties. But the high cultivation of the admirable faculty of which I am speaking, has perhaps its most striking exemplification in the public ministrations of those distinguished men who have made themselves really great as clinical teachers. The rapid generalization, the correct appreciation of the value and relation of symptoms, the prompt and decided diagnosis, and the appropriate suggestions of treatment, particularly, if verified by results, cannot fail to excite the wondering admiration of the listeners; and none but those who have tried to imitate the performance can fully appreciate how much and how complete must be the mental furniture, and how thoroughly trained the mental faculties require to become, before one can hope to be either useful or great in this important department of practical teaching."

But this exercise of faculties was not the only nor the principal source of scientific gratification, for each individual had a right to feel that he might add his own contribution to the positive knowledge in the profession, and thus lay claim to the approbation of his fellow-men.

"The desire to stand high in the esteem of one's fellows has in itself nothing mean or unworthy. The approbation of the wise and good has, even from heathen times, been the object and aim of those who pretended to virtue or

bravery in the state or on the field. How much of the incentive to life's duties would be taken away, if we abstract the approbation of life's witnesses. What would have been the Olympic stadium, deprived of the encouraging shouts and the hearty plaudits of the excited audience; and what a barren certificate of merit would the victor's crown have been regarded, if that simple chaplet of leaves had not signified the applause, and concentrated the envious admiration of the then known world! There is something intrinsically noble in this desire of fame, this longing after earthly immortality. It removes a man from the confused and sordid present, and causes him to live in the calm and glorious future. It disposes him to view his actions, and to regulate his conduct, not by the immediate suggestions of passion or interest, but by the severer censorship of future accountability. The consequence, therefore, or perhaps I should say, the direct effect, of living with the future thus always in view, is so to regulate the life, to intensify its purposes, to dignify its aims, to energize its endeavors, to secure in the end the crown of honor, while at the same time the whole career feels and illustrates its influence in present reputation and in the consciousness of duty well performed. Our profession offers us the fullest scope for this honorable ambition."

Independent of this species of gratification there was a form in which the esteem of our fellows was the more immediate reward for services rendered, and this had reference to the relationship existing between physician and patient. With the blind and sometimes unreasonable confidence in the physician displayed by the patient, was mingled the grateful appreciation of the kindness and success of our efforts, and those returns of affection and confidence flowed out with such readiness and heartiness that they were too often apt to act dangerously on the mind of the young physician, by feeding his conceit and luring him from the purpose of earnest and laborious devotion. But to him who rightly appreciated such a recompense, it constituted the noblest incentive to action. In the further consideration of this subject, he remarked:

"Finally, I present to you as the source of our highest and best reward, our privilege and our opportunity of doing good. Every man who fills with courage and fidelity his allotted station in life, may do good in many ways to those with whom he is brought in contact; but our life is made up of daily acts of direct and personal beneficence. The record of each day's work is one of comfort and relief administered to the mental, moral, or physical sufferings of our patients. This is our daily employment, our acknowledged duty, our professional business, so much so, that the public feel justified in estimating us according to our success in affording this relief and comfort, which we offer them as our stock in trade, our merchandise, for which we claim a price. I would not insult your judgment by making any sentimental claim, on the part of our profession, for disinterested benevolence over all other men, nor do I care to disguise the fact that we practise our art for a pecuniary consideration which we regard, and which the law acknowledges, as a strict mercantile transaction; but I do claim it as an honorable distinction, that our art is thus exercised in the immediate assuagement of human suffering, and that the honor and glory of our science is measured directly by the good which it teaches us to accomplish. I do claim that its beneficent ministrations are of themselves ennobling to the mind and to the heart of him who, in the right spirit is daily occupied with them; and I do most especially claim, that the heart consciousness of having faithfully fulfilled our office of mercy, is, in and of itself, our most certain, constant, and soul-cheering reward. And this is true, or may be true, equally in those cases where our science can bring a positive alleviation, as in those sad instances where our art is unavailing to turn aside the fearful course of fatal disease. The kind word of sympathy, the cheering expression of encouragement while hope yet remains, the tender watchfulness even when hope has fled, and that comforting presence and countenance, which in the solemn hour of approaching

death is all that human aid can offer; are none the less appreciated as acts of heart-sustaining kindness, because they may be ineffectual in averting the dreaded calamity or even in manifestly prolonging the struggle with the great enemy. In these sad scenes we have at least the sad satisfaction of having smoothed the dying pillow, and of having afforded to the stricken survivors the mournful consolation that all that could be suggested by professional science, or accomplished by professional skill, has been done to avert the inevitable blow. And here, gentlemen, we have a professional reward which is sure beyond contingency, and full beyond measure, and one, too, whose payment is entirely independent of our patients' appreciation of, or gratitude for the services we have rendered. Milton has ingeniously said, 'that the grateful mind by owing, owes not, but still stands indebted and discharged,' meaning thereby that the very fact of grateful recognition of an obligation was its actual payment, in the coin of gratitude; and so we may say and feel that our duty is its own reward, and that in this sense we by paying, pay not, but receive our recompense in the very act of professional skill or kindness; a recompense whose certainty depends alone on the fact of duty's performance, and whose fulness can only be measured by the heart devotion which has prompted it.

In this respect, have we not, in some degree, the advantage over all other callings in life? The lawyer may have the good fortune to render services to his client in saving his property, in vindicating his character, or in establishing his innocence, which no arithmetic can express, and no money can repay. The labors of the divine may be of infinite, of eternal value to some, to many of his flock. The merchant may be the distributor of wide-spread charity, and possibly the conferrer of princely benefits on whole communities and nations. They may each have the advantage over us in the magnitude of the results they may occasionally reach; but our advantage over them lies in the fact, that while these are with them only occasional results, with us every professional act has an element of kindly sympathy with human ill, and of careful study and earnest endeavor to avert it. It is this peculiarity which stamps its character on the life of the good physician; and the laws of moral science warrant us in maintaining that the daily performance of these benevolent duties, and the constant presence of these humane motives and sympathizing sentiments, cannot fail to humanize the mind, to elevate the character, to soften the heart. And I am bold to say, that our profession has amply demonstrated the ennobling influence of its daily pursuits in the lives and conduct of its individual members. To say nothing, though much might be said, of the private virtues of the representative men of our calling, has not their devotion to duty spoken for itself in every time of public trial or calamity, when the cry of suffering, or the call of danger has reached their ear? and is it not a noble, a glorious professional spirit, which would hold a man a foul craven, who would shrink from duty through fear of miasmatic contamination, pestilential exhalation, or the perils of the deadly battle-field?"

In thus picturing the professional future of those who listened to him, he wished to be understood that such rewards could only be realized by a diligent, unwavering, and self-sacrificing devotion to science, and that their experience would always verify the truth of the motto, "*Palma non sine pulvere.*"

UNIVERSITY MEDICAL COLLEGE.

INTRODUCTORY ADDRESS BY PROF. JOHN T. METCALFE.

AFTER alluding to the pleasant relations which must necessarily exist between teacher and student, he pointed out the immense advantages which New York possessed for the didactic and clinical study of medicine. Large fields for clinical study were offered in Paris, Vienna, London, and other populous cities of Europe; but second to none of these was our own great city of New York, the heart and

living centre of the new world, unparalleled in history for rapidity of growth in wealth and social importance. Of but as yesterday, in comparison with the great cities of Europe and Asia, we see its population reckoned by millions—its wharves fringed with a forest of masts, from which float the ensigns of every commercial nation of the globe—its port, the gateway through which passes that wonderful stream of immigration, constantly flowing towards our hospitable shores, filling our noble and extensive institutions of charity with wanderers from other lands, who need no other recommendations to our sympathy and care than those furnished by poverty, sickness, or misfortune. In this city there were constantly, in public hospitals, about three thousand patients requiring medical and surgical aid, to the bedside of whom the student was always welcomed by the attending physician. The Emigrants' Hospital, at Ward's Island, contained fifteen hundred beds. In those of Blackwell's Island over ten thousand patients were annually treated. At Bellevue, the average number of beds was nine hundred, and in the New York Hospital four hundred. And not only was this immense number of general cases presented for investigation, but special hospitals abounded, in which the diseases of almost any organ may be studied. To the Nursery and Child's Hospital of Randall's Island over two thousand children were admitted during the past year. In the Eye Infirmary and Ophthalmic Hospital, nearly four thousand cases of diseases of the eyes were treated annually, and the affections of the ear, genitalia, lungs, heart, etc., might be seen in immense numbers in the various dispensaries.

Having taken it for granted that the student about to enter upon the study of medicine had previously sufficiently qualified himself by a proper preliminary education, Dr. M. was prepared to offer him advice as to the manner in which he should prosecute his future labors. "The foundation which should support the superstructure of your future medical education, is composed of anatomy, physiology, and pathology. Upon these three bases, more especially the former, rests all medical knowledge. Without a full appreciation of them, surgery, midwifery, and therapeutics must be practised in an empirical and uncertain manner. It is by no means rare to see the young and ardent student, ignorant of this groundwork of his calling, plunging, in the very beginning of his collegiate course, into the observation of disease at the bedside and the study of its remedies. No good can come of so irrational a course. By its pursuit many an excellent physician has been dwarfed into a routine giver of drugs, an empiric, in all but the name. During the first session of your medical studies, do not give much time to hospitals, dispensaries, and other clinical fields; but rather devote your time to the three departments that I have named; and for the better understanding of these, do not neglect the indispensable aid of chemistry. A steady attendance upon the lectures, of the other departments of the Course, and upon the various clinics given in the College, will give you a certain acquaintance with the branches of which they treat, which acquaintance, in your second and third courses, should be ripened into a thorough and intimate knowledge."

To the advanced students he had somewhat different advice to give. Having thoroughly acquainted themselves with anatomy, physiology, and pathology, they were then prepared to study disease at the bedside, and understand the language in which it was written. The progress of the case, its complications, termination, and sequelae, could then be carefully gathered, until in time the student became capable of predicting, preparing for, and perhaps preventing them.

As an illustration of the errors that might be committed from a want of clinical experience he related the following anecdote which he had received from a medical friend:

"The body of a stalwart sailor was laid upon the floor of the dissecting-room, and soon surrounded by a group of students whose attention was attracted by a tumor of peculiar size, occupying the right cheek. This the entire

class examined with the greatest care, the second-course students, especially, making sundry learned diagnoses, much to the admiration of their less learned associates, whose wonder grew apace at the rapidity and confidence of the judgments pronounced by their seniors. As but too often happens 'the doctors disagreed;' some were convinced that the tumor was an osteo-sarcoma, some that it was the result of periostitis, while others sagely expressed the belief that it was of cancerous origin, and had been growing for many years. All had excellent reasons for their opinions, but it was difficult to account satisfactorily for the existence of such a tumor in an individual apparently so free from other evidences of disease. Just then the demonstrator entered, and was called upon as umpire. He examined the tumor, passed his finger into the mouth (*which had not been done before*), and brought forth, to the chagrin of the previous investigators, *a formidable quid of half masticated tobacco!*"

Prof. Metcalfe also referred to the following case narrated by one of the English writers:—"A young physician was sent for in great haste, to a gentleman in London, whom he found upon his arrival lying upon the floor of his parlor, surrounded by his weeping family, who momentarily expected his death. The doctor, at once, with great promptness and certainty, recognised that the patient had fallen a prey to the fearful and often fatal disease, phrenitis. In accordance with the teaching of his time, he at once bled him, shaved his scalp, and applied over the tonsured surface a large blister. Having done this, he consoled with the afflicted friends, and left, to return next day. What was his surprise on his next visit to find his dying patient seated in bed, presenting the mingled appearance of a penitent monk and an enraged gorilla. You may judge of the doctor's horror at learning that on the previous evening his patient had been *very drunk!*"

Such errors, continued Dr. M., would be disagreeable and mortifying; but there are others of a graver character, awaiting the inexperienced physician, which may leave him a prey to remorse and sorrow, that a lifetime of good works cannot remove. "The world's censure may be overcome, or it may cease to trouble; but the tongue with which the still small voice of conscience speaks, will never be at rest. Persons, not of the medical profession, labor under a belief that errors resulting in evil to the patient are easily forgotten by the physician. Trust in no such hope, it is a delusion and a snare. The mind conscious of rectitude may forgive the faults of others, but with its own it is as relentless as was Brutus with his sons. The misery given to others, and to the physician himself, by a single error, is plainly shown to you by the following instances:—

The elder Delpech practised in Paris, where he attained an enviable position among the first surgeons of the world. One day he was called upon by a young man, who desired to be operated upon for a varicose state of the spermatic veins. The operation was performed on both sides, but unfortunately the ligature which compressed the diseased veins likewise held the spermatic arteries. Atrophy of the organs which they supplied occurred, with what result I need not tell you. The mind of the unfortunate youth brooded over this terrible mishap, day and night, and his brain, crazed by sorrow and mortification, he thirsted for revenge against the surgeon by whose hands it had befallen him. He procured a dagger, waylaid Delpech, who, unconscious of wrong, and unmindful of danger, pursued his usual course of duty, and rushing upon him as he left his carriage stabbed him to the heart.

One more instance. Dr. Dease of Dublin was called to see a case, supposed to be one of aneurism by all the physicians who had attended it, and upon careful examination determined it to be a large collection of pus, overlying an artery. Taking the responsibility, in spite of the advice of those who consulted with him, he plunged his knife into the pulsating mass. There was a gush of matter, and the patient, who looked a short time before upon his case as hopeless, was entirely relieved. Much credit was justly

the meed of Dr. Dease, and great gratification must he have felt at thus relieving the unfortunate sufferer. Some time after, he was sent for to another case, which, like that just mentioned, had been regarded as an aneurism; and, as in the other, he decided that it was a collection of pus, and proposed relief in the same manner. This being assented to, he penetrated the tumor with his knife, when out rushed a torrent of blood, and with it the life of the patient. He had erred in his diagnosis. *It was an aneurism, not an abscess!* Dr. Dease returned to his home, and on the next morning was found upon the floor of his chamber with his throat cut from ear to ear, by his own hand!

Sometimes the most skillful and careful will be led into error by deceptive appearances; *very often* will the inexperienced be so. How many would have been deceived, for example in the following case:—A young gentleman consulted a friend of mine, and gave the following history of his case. He had had inflammation of one of the inguinal glands, for which his physician had used tr. of iodine, externally. Suppuration occurring in spite of this, an incision had been made, and the accumulated pus discharged. But the abscess had again filled very rapidly, and his physician having left the city, he wished my friend to relieve him. Upon examination of the spot indicated by the patient, it was found reddened from the recent use of iodine, a scarcely closed incision showing where the pus had been discharged. Upon palpation, the abscess seemed again to have filled, but to the experienced touch of the examiner into whose hands he had fortunately fallen, a peculiar, elastic softness was noticed which caused him to pause with his knife, already in his hand, and examine further. To his surprise he found that a *hernial protrusion had occurred just under the seat of the abscess!* Had he entered this with his knife, death or a miserable infirmity would have been the almost inevitable result. How many would have been deceived by such a case!"

In conclusion, he remarked that every facility was offered for the advancement of the student; and diligent application to the work was all that was necessary to make him an accomplished and successful practitioner.

NEW YORK MEDICAL COLLEGE AND CHARITY HOSPITAL.

INTRODUCTORY ADDRESS BY PROF. C. A. BUDD.

THE introductory lecture was delivered on Monday evening 21st inst., by Prof. C. A. Budd. The attendance was large, the lecture-room being filled. The exercises were opened with prayer by the Rev. Mr. Ewer. After a few general salutatory remarks—alluding to the reciprocal relations which exist between the public and the medical profession—the lecturer proceeded to address himself particularly to the class, dwelling at length upon the importance of their so comporting themselves during their student life, as to lay the foundation upon which the superstructure of a good reputation was to be erected. When alluding to the facilities which New York offers as a centre of medical education, the Doctor spoke somewhat in these terms:—"Prominent in this plethora of things, instructive to the novitiates in medical science, appear the Metropolitan Colleges and their faculties; the old and the new—the time-honored and the *new spirited*. Each, without invalidating the claims of the others, presents its own. If the principle of choice has not been decided on, the student will be perplexed; but in any case of choice, he cannot go far wrong. If he will rightly avail himself of the facilities any of them offer, he will insure his due advancement. No one of them can monopolize advantages to the exclusion thereof from the others, nor claim so decided merits as to entitle them to pre-eminence. To specify any one of them, is to identify certain *peculiarities* rather than particular merits belonging to any one alone. The great distinction between them will be found to exist in the characters of individual professors, *as instructors*, rather than in the school as such. Of all

these seats of medical learning you have made your choice, no undue estimate has been volunteered of the advantages belonging here. We present you two chairs which are wanting in other schools (referring to the chairs of Infantile Pathology and Ophthalmic Surgery)."

The Doctor then proceeded—referring to the division of the chairs of obstetric medicine and of surgery—first exemplified in this school. In speaking of the improvements which have taken place in the *mode* of teaching various departments, he said—"Thus, there exists the most radical line of demarcation between the physiology of the past and the present. The physiology of the past was mainly inferential; that of the present is experimental, positive, and certain; not because we know all to be known; but because what we ascertain is uniform, definite, and reliable. The physiology of the past mainly consisted of what we had *guessed*, of the functions; that of the present consists in operative demonstrations. Our own is one of the few schools in the country in which this immense change in the treating of this department is practised." In an allusion to the civil war now raging in our midst, and the large draft made upon the ranks of civil practitioners, for supplying the army with medical men, the Professor said—"To the higher ranks of this organization, your own college has already contributed one of its faculty. It is our quota, as an institution of learning, to the enlistment" (meaning the recent appointment of Prof. Browne to the post of Brigade Surgeon). Referring to the establishment of a new school, recently inaugurated, he said—"It was a matter of gratulation and not of dissatisfaction, and it is gratifying to find it setting the seal of adoption upon the direct connexion of Hospital and College—first exemplified in this city in this building, * * * * * thus convincing the world at large of the immense utility of what our own school first essayed on a minor scale. To these advantages, gentlemen, you are welcomed on the same basis, and with a title equal to that of the students of the institution in question. They are as free to you as though they were seated in your own college grounds." After dwelling upon some of the responsibilities which attach themselves to the medical man, and the necessity of a close and devoted application to their studies, in order to fit themselves for bearing them, the Doctor concluded his remarks in these words—"The twentieth century has nearly come, and the greatest of epochs environs us. Physiology and chemistry are on the wing, intent upon extracting from Nature her hidden sweets to garner them in the hive of medicine. Therapeutics sits like the queen bee in all royalty, while gathering stores promise her a larger province. Shall we, who now own the worth, and dispense the resources of medicine, fail to identify our names with its history? Let the ardor of your studies beget the answer. * * * * * Nor let us wholly forget that He who dictated the terms of our salvation, and showed the way in which the everlasting goal was won, named *himself* the Great Physician. That the touch of his hands, from which positive health spread forth, unsealing the living tomb of blindness, was but the type of the use the physician executes. However distant the goal, the patient study of the phenomena exhibited by the organism in health (its physiology), and in disease (its pathology), is the only means we possess of advancing this pursuit, and our tasks, though not always successful, are manly and even noble.

COLLEGE OF PHARMACY.

INTRODUCTORY ADDRESS BY PROF. MAISCH.

THE COLLEGE OF PHARMACY OF THE CITY OF NEW YORK commenced its thirty-second annual course of instruction on the 21st of October, with an introductory address by Prof. J. M. Maisch, late of Philadelphia, but now a resident of this city, and the Professor of *Materia Medica* in this Institution. The exercises took place in the new rooms of the College, in the University Building.

Prof. Maisch warmly welcomed the students to the College, and expressed the hope that their association in the study of Pharmacy would unite them in their present and future efforts to advance the interests of the profession they had chosen. "On selecting the profession of pharmacy," he said, "you have undoubtedly been aware beforehand, that there is scarcely another one claiming from its followers so much of their time, and demanding such a sacrifice of their comfort; besides it, there is certainly none, that would fetter him to a like extent to the field of his labors. The shop, or, as it is called by other nations with a more dignified name, the office, is the circumscribed place whence he holds his intercourse with suffering mankind, who are desirous of having an infirmity removed, of becoming cured of a disease, and of regaining the most prize-worthy of all earthly blessings, health. The invalid entrusts his bodily welfare, his life, not more to the physician, than to the pharmacist; while from the one he expects that he be able to discern his ailings, and to know the remedies suitable for the removal of his disorders, he demands from the other that he prepare correctly the ordinations of the former, and from material which is in reality what it pretends to be, in a pure state, unadulterated and unspoiled, as it is on such medicines that the physician bases his expectations. There is, therefore, a grave responsibility attached to every duty which the pharmacist has to perform, the most simple of which wants to be done with accuracy and with a due regard to the object in view. It would be easy enough to point out many such duties, each of which may, perhaps, appear insignificant, and its enforcement oppressive, if not odious; but let me tell you, gentlemen, that there can scarcely be enough vigilance exercised by your preceptors to fit you for the responsible stations to which you may soon be called after you shall have left this hall, and been honored by a diploma from this College, testifying that you have attained that proficiency which must entitle you to the confidence of all with whom you may come in contact in your professional capacity. To fit you for such a station by laying a scientific foundation to your pharmaceutical education, and by pointing out to you the road which will lead to distinction and eminence, such is the object of the College of Pharmacy so far as it relates to the pupils, and to carry out this design, the College has provided for an oral instruction in pharmacy and its accessory sciences, while the manual experiments and labors are left to be performed in the shop. These labors are, indeed, only the practical application of those theories that will be taught to you, so that, whatever you do at home during the continual routine of business, may be done understandingly."

He then passed to a consideration of the rank which Pharmacy holds among the sciences. It differs from other sciences in this, that it combines science and trade in the daily duties of a single profession. Botany and chemistry are the allies of the pharmaceutical art, and the study of the one advances our knowledge of the others. Pharmacy is also closely allied to the healing art, and though the Pharmacist is not called upon to prescribe for diseases, yet to him the patient looks for the faithful preparation of those remedies which are to restore him to health.

Referring to the practical duties of the Pharmacist, and the bearing of the present course of instruction upon them, he said:—"These manipulations which you are practically taught behind the counter, will be explained to you in our course of oral instruction, together with the principles upon which the apparatus are constructed. It is an important matter to know the construction of our balances and to be able to test their accuracy, and it is not of less moment to ascertain the correctness of the graduated measures which are in constant use behind the counter. You are aware that it is not indifferent of what material the symbols of our profession, the mortar and pestle, are made; the various operations to be made in, and with the aid of the mortar, necessitate now a very tough and hard material, and exclude in another instance all mortars made from any one of the

metals. The mortar which is suitable for the preparation of solutions and ordinary mixtures, may be entirely unfit for triturating together the substances ordered by a physician for an ointment. It requires considerable experience to select at once the best adapted mortar in all cases. Not only the material, but also the shape of the mortar is of great importance for the successful performance of the various manipulations. Filters and strainers are in daily use by the pharmacist; heat is constantly employed by him in making most of the pharmaceutical and chemical preparations, and fitting the crude drugs for the various purposes for which they are intended. The nature of these operations frequently renders them rather complicated; mostly, however, they are very simple, or may be simplified if we are beforehand sufficiently acquainted with the rationale of the processes and all the incidental phenomena. It will be a part of our object to call your attention to the circumstances and conditions for a correct execution of all these manipulations, and to point out to you the causes of frequent failures and the means to avoid the same. I have given you a rough sketch of our theoretical course on the manipulations in pharmacy, as they occur in the daily routine of business. Pharmacy, as applied to the wants of the public, will of course receive a full share of our attention. When the prescription of a physician is presented at the counter, it is not only necessary to be acquainted with the technical terms constantly employed by the devotees of the healing art, but the prescription must be understood, and after careful reading, we must have decided on the order in which the ingredients are to be compounded, so as to arrive at the object in view. Merely to mix the ingredients in any accidentally selected way, may be done by any one able to read the prescription and the labels of the shop bottles, no matter how ignorant he may otherwise be. But the intelligent pharmacist will, with his practical eye, perceive the difficulties which are to be overcome, and his experience and knowledge will point out to him the proper way. When a young man, after having served his initiatory time to the apothecary's business, in which chiefly his manual labor is called upon for exercise; after having become practically acquainted with most of the manipulations and with many of the drugs, and their galenical preparations; after accuracy in everything has become a conscientious duty to him; when such a young man is admitted to the responsible place behind the prescription counter, ample opportunity is there offered to him for quick and correct observation, for gathering a stock of knowledge which, under the many perplexing occurrences at this place, will find him always ready to surmount them. No matter how small the bulk of the medicine may be, in whatever form it may have been ordered, however easy it may be of preparation, the unsoiled vial containing a simple aqueous solution, neatly put up, the neat box with its perfect pills, the ointment of uniform smoothness, the even surface of the plaster—all medicines sent to the bed of the sick and suffering truthfully testify to the sleepless watchfulness of the pharmacist, and to the care which has been bestowed upon the preparation of the medicine, and both will soon build up a reputation which to preserve, yea, to increase, must be the ardent endeavor of all followers of pharmacy. The materials from which the pharmacist prepares the medicines, are derived from the three kingdoms of nature, each one furnishing us with important articles, the correct knowledge of which is imparted by the study of materia medica, viewing all these substances in the light of commercial articles and of remedial agents, examining their physical properties, their chemical behavior, and the points of difference from other similar articles. The inorganic materia medica consist almost exclusively of chemical preparations prepared in the laboratory and readily examined for their purity; these will be fully illustrated in the lectures on chemistry, in which will be taught the general principles of that science, the elements and their combinations, the reactions between the various compounds, the most correct manner for testing impurities and adulterations, the chief

points of analytical recognition and estimation, and the mode of toxicological analysis. Organic chemistry will be similarly treated. In this course, strictly pharmaceutical chemistry will receive paramount attention; but those chemicals used in the arts, and particularly those prepared by or passing through the hands of the druggist to the places of their technical employment, will not be lost sight of."

In alluding to chemistry as the most important ally of pharmacy, the Professor reviewed briefly their history—"From time immemorial," he said, "chemistry and pharmacy have been so nearly allied to each other, that they might be regarded as two foster-sisters, reared by one common parent, medicine. More than twenty centuries ago, the business of preparing medicines commenced to separate from the special vocation of the physician; both professions were then in their infancy, and pharmacy was chiefly called upon to collect the vegetable drugs, and prepare the official substances into confections and extracts for internal exhibition as well, as also into plasters and ointments for external application; pharmacists at that time were almost identical with what we nowadays call manufacturing pharmacists, but one advantage was possessed by the former, one superiority over the latter, though the official materia medica was then necessarily very small; they had to familiarize themselves with the living plants; they had to possess, though but a limited knowledge of botany, which is scarcely ever practised by our modern manufacturers. At this early time, however, chemical substances were already made use of, only externally at first, for arresting the progress of disease; and among them were some of the most powerful mineral substances and compounds which have increased in use to the present day. Carbonate of potassa, alum, rust of iron, the sulphides of iron, antimony and arsenic, preparations of lead, copper, and zinc, all of various degrees of purity, were made use of; and though the chemical knowledge, in our present meaning of the word, of these early pharmacopœia must have necessarily been very limited, still the facts speak well for their faculty of distinguishing between compounds which are frequently very similar in their color and other physical properties. That toxicology was not neglected at this early time, is proved by experiments performed, not with a view of detecting poisons, but for the purpose of studying their effects and finding out preparations for counteracting their injurious influence. One of the most celebrated of these toxicologists was Mithridates Eupator, King of Pontus, in Asia Minor, in whose honor the supposed universal antidote had been called 'mithridate,' and whose memory has more recently been paid respect to by an illustrious botanist, who named a genus of plants *Eupatorium*, numerous species of which are natives to our soil, and furnish some of the most important popular representatives of our indigenous materia medica. Subsequently, when Islam was in its rapidly ascending course, and the Arabs conquered nations one after the other, until the force of this avalanche was completely broken up by Christian Europe, the natural sciences became flourishing under their fostering care, and medicine, as well as pharmacy, is largely indebted to the skill and the research of the Arab physicians and apothecaries, and their pupils, who flocked together from all parts of the then known civilized world. The 'compositiones medicæ' of Scribonius Largus, written just 1800 years ago, were then superseded, the materia medica was increased by many plants, and new processes introduced for the preparation of medicines, the most influential of which was undoubtedly distillation, then recommended for preparing the hitherto unknown medicated waters. With the ancient Greeks and Romans, apothecaries were merely dealers in substances employed in medicine; as far as known, it was with the Arabs where the first apothecaries' stores were introduced, which, since the time mentioned, gradually became more frequent among this people, and were established, not merely for the sale of medicinal substances, but for the compounding of the prescriptions

directed by the physician. With the extension of the political power of the Arabs, their scientific institutions became known in Europe, and among them the establishment of apothecaries' stores exerted the most beneficial influence, because it divided the labor of the physician in such a manner as to give him ample opportunity to devote his whole leisure to the study of the various diseases, and afforded at the same time to the apothecary, the means to pay particular attention to the quality of the drugs, to the best modes of preparing them for medicinal use, and to the proximate constituents valuable or unfit for relieving disorders. The apothecaries were soon surrounded with rights and privileges, and other legal enactments, but no legally authorized pharmacopoeia was published until in the year 1498 in Florence. It was about the same time when Basilius Valentinus commenced his agitation in favor of the introduction of chemical preparations into pharmacy, in which undertaking Paracelsus was more successful; and up to the present time, many of the substances then introduced still enjoy more or less reputation, and the list of chemicals is still on the increase. We may date from this time that intimate relation between pharmacy and chemistry, by which both these sciences have reaped an immense amount of benefit."

The profession of pharmacy leads to those scientific investigations which almost necessarily develop the talent of the chemist; and we are not surprised that from the ranks of the pharmacist, have arisen some of the most distinguished chemists. Said Prof. Maisch:—"From behind the counter of the pharmaceutical establishments, there have emanated quite a number of men, whose scientific researches upon subjects connected with chemistry proper have caused their names to be inscribed among the most illustrious chemists. And is it to be wondered that such was the case? All the pharmaceutical manipulations present, to a careful observer, so many interesting points which can only be solved by a chemist, that these alone must of necessity encourage deep researches into the laws of combination and decomposition, into the behavior of one chemical compound to another one. Formerly, pharmacy took advantage of the discoveries in chemistry, so far as they related to the medical preparations; but in modern times chemistry, in its relation to pharmacy, has become of such a scientific character as to be identical with chemistry itself, and it may be considered impossible now to become an excellent, nay, even a pharmacist of ordinary attainments, unless the principles upon which the scientific structure of chemistry has been reared, have been fully mastered. Among those chemists who served their apprenticeship in a pharmaceutical establishment, there are many who labored hard for bringing on the new era of this science and extending its influence to the various vocations of man. The history of chemistry gratefully records the names and preserves the researches of men, like Kunkel, Scheele, Klaproth, Buckholz, Trommsdorff, Proust, Vauquelin, and others. Used to labor, to hard labor even, they did not spare any exertions in their attempts to inquire into the true nature of matter, and into the behavior to each other of the various elementary substances and their compounds. What careful observation may accomplish in chemistry, is strikingly illustrated by the discovery of the alkaline nature of morphia. Though it may be inadmissible to count him among the great chemists, because he never made chemistry the special object of his researches, Sertürner's name will be remembered as the discoverer of a new class of organic bodies, which, within a very short time, acquired an unsuspected importance in medicine, as well as in mercantile pursuits. He undoubtedly has not been the first one who obtained the formerly so-called essential salt of opium, but he is the one who boldly pronounced it to belong to the same class with ammonia, the chemical behavior of which is similar to that of the first known vegetable alkaloid, and of all others discovered in the meantime. How numerous has this class become in our days, which are distant from the time of the discovery

several years less than half a century. Now, many alkaloids are employed in medicine, and if we look upon the elegant pharmaceutical preparations which we are enabled to make from them, the comparison with the similar preparations from the crude drugs, particularly as formerly made, will show a considerable progress in the elegance, in the correct apportionment of doses, and in the certainty of effects. And what has led to this discovery? Many chemists, before Sertürner's time, had experimented with opium, several had obtained crystallized bodies, but their true nature was not recognised; it remained hidden to their eyes, and it required the accuracy of observation which must become a second nature to every pharmacist, to reveal it."

He then proceeded to point out the obligations of the pharmacist to himself, and to his apprentice:—"It cannot be regarded as an excuse," said he, "on the contrary, it is a proof of his superficiality, if a practical pharmacist alleges, that he cannot find time for observations. While preparing a mixture, while triturating in the mortar the ingredients for a pill mass, while boiling his plasters, and while distilling his ethereal or alcoholic preparations; in many instances opportunity is afforded for witnessing chemical reactions, but always for observing some points which may be of the utmost importance in practical pharmacy. It is here that the pharmacist ought to commence his observations, it is here that he can learn correctness and accuracy, two qualities which are not only two essential necessities for him in his intercourse with the public, but both are also requisite, so that a reflecting logic may afterwards unite the disjointed facts into one harmonious doctrine. The preceptor, in faithfully performing the duties which he has assumed towards his apprentices, and who understands the ultimate benefit which he must necessarily derive from his observant and scientifically inclined pupils, will gladly afford them the necessary time, if they know how to find time without neglecting the business. He who intentionally does not fulfil his assumed duties, he who disregards the seemingly humble or unnecessary offices incidental to a pharmaceutical life, he who is constantly occupied with thoughts withdrawing his mental faculties and his manual labor from the work required of him behind the counter and in the laboratory, is unfit for the profession of pharmacy, and had better discontinue his attempts at success in it, than waste his time, or make of professional pursuits nothing but a study of how the best bargain might be made, and the most money accumulated. A mind deriving pleasure from the inexhaustible treasures of science will readily succeed in making the principles his own, which lie at the foundation of it; after these have been mastered, it is comparatively easy to erect the superstructure or find one's way through, what at first appeared to be a labyrinth, of conflicting hypotheses and facts. Thus it is with all sciences, but most especially so with chemistry, where new facts and theories are almost daily discovered and searched for. It would then be folly to expect a student, and particularly a student of pharmacy, to be familiar with all chemical compounds and products of decomposition, which have been observed; but what may be expected of him, and what ought to be demanded as a condition for being recognised as a pharmacist, is that he be familiar with the processes of the pharmacopoeia, that he understand their rationale, that he know how to distinguish similar compounds, and how to detect impurities and adulterations. Do not attempt, gentlemen, to commit this to your memory; it would be but time wasted in an unprofitable and unpromising undertaking; it would be but carrying owls to Athens. In listening to the lectures, understand your teacher when he explains the chemical laws, and after you have reached home, study in your text-books the same subject and repeat the experiments, particularly the tests, again and again, comparing them with the corresponding reactions of other compounds. The facts which you fix in your mind by such actual experiments, can never be obliterated from your memory; their impres-

sions will remain there for ever. And I am confident there is not one among you who will venture the excuse—I have not the time, I have not the apparatus. Gentlemen, as to the latter, a spirit lamp or a gas flame, a flask, a small retort, a blowpipe, and a few test tubes, is all that you require to begin with; material for examination and for the test liquids, you will find upon the shelves in the stores where you are engaged. But do not perform these experiments superficially, and do not be discouraged if you occasionally fail."

Botany was introduced as an important collateral branch of pharmacy, and the student was advised to cultivate it as the source of numbers of useful remedies. The Professor concluded by urging students to diligence in the improvement of their time, that they might hereafter become ornaments of their profession.

American Medical Times.

SATURDAY, NOVEMBER 2, 1861.

CONSERVATIVE SURGERY.

SCIENTIFIC SURGERY proposes, as the problem of our time:—How may diseased or injured limbs or parts best be preserved? The true reputation of a surgeon is now based, not on the number of limbs amputated, but on the number saved from amputation—not on the amount of deformity created, but on that relieved; and it is interesting to note the multifarious ways in which this problem is being solved by earnest and practical students. Shrewd observers of nature's resources are devising, and cunning hands are executing, in every department of practical surgery, new methods of removing diseased parts and structures, or preserving the healthy, in however close proximity. So well established and well defined are many of the more recent rules in operative surgery, that operations which were legitimate a score of years ago, would to-day be justly accounted malpractice. Let us notice some of the more important advances of conservative surgery.

The regeneration of bone from the preserved periosteum enables us to save the limb in necrosis. The number of amputations in hospital practice was formerly largely increased by those cases of necrosis which involved a considerable portion of the bone of any extremity. If the dead bone was removed by an operation, the periosteum was removed also, and the result was a useless limb. Surgeons preferred, therefore, amputation, in many cases, to the removal of the dead bone, so much would the limb be crippled by the latter operation. It now appears, however, that the periosteum has the power of reproducing the removed bone entire, and in a condition capable of supplying its function. And very marvellous are many of the instances of the reproduction of bone. We may have the entire shaft of the tibia renewed, and the leg restored to its former serviceableness. The radius, with its complicated office of rotation, is equally capable of regeneration, both in tissue and function. The clavicle has thus been reproduced, and has proved quite as useful as in a healthy state. The most remarkable instance of regeneration is seen in the inferior maxilla, which has now been so frequently produced entire, with the exception of the teeth, that its renewal, when the periosteum is preserved, may always be prognosticated.

The rule may be considered established on immutable principles, that in the removal of bone, we may have the vacancy supplied with the same tissue, if the periosteum is preserved. Amputation in such cases, though formerly sanctioned, would, in our day, be an unjustifiable procedure, if performed simply because of extensive necrosis.

The resection of diseased and injured joints enables us to save many limbs which, though not as useful as the originals were, still cannot be compensated by any artificial contrivance. All the joints have been subjected to this operation, and with results such as render it highly encouraging, especially in the upper extremity, if not always advisable, when the question lies simply between resection and amputation. In the Crimean war the mortality of these operations appears strikingly favorable to resections; thus, of amputations at the shoulder-joint one-third died, of resections one-thirteenth; of amputations of the arm one-fourth died, of resections of the elbow-joint one-sixth. Statistics on a larger scale give for excision of the shoulder a mortality of 22.5 per cent., and amputation at the same joint 40.8 per cent.; excision of the elbow-joint a mortality of 22.15, and amputation through the arm 33.4 per cent.; showing that, as a question of safety, excision is to be preferred, at these joints, to amputation, when there is opportunity to choose.

Resections of the hip and knee joints, though perhaps not as well established as the same operation at the elbow and shoulder, are well recognised surgical expedients for saving limbs. Resection of the head of the femur for morbus coxarius has given excellent results, and in military surgery is far more successful than amputation at the hip-joint. Resection of the knee-joint has saved scores of useful limbs, which the older surgeons would have condemned, and may to-day be set down in the catalogue of accepted operations in conservative surgery.

The resection of bones is a method of avoiding amputation worthy of the attention of every surgeon. The individual bones of the tarsus or carpus, when diseased, and rendering the extremity useless, may be removed with the restoration of the usefulness of the limb. The astragalus may be removed with a percentage of about 86 cures, and the calcaneum with a percentage of about 99 cures, in cases where formerly amputation was performed with a mortality of 30 per cent. Gunshot wounds of the articular extremities of bones are now not to be treated by immediate amputation, but by resection. Esmarch has shown that resection of the head of the os brachii should be preferred to amputation when even four inches of the bone are involved, the resulting limb being useful.

The free opening of joints, now so confidently asserted by some to be harmless, and as strenuously denied by others, may yet relieve us from the necessity of amputation in those cases in which the larger joints are involved in injuries. In military surgery the rule of treatment in gunshot wounds fracturing the articulating ends of the bones entering, for example, into the knee-joint, would be immediate amputation of the thigh. But if it is proved that the joint may be freely laid open in such cases, the fragments removed, and the wound treated as an open sore, without endangering the life of the patient by the complication of a suppurating joint, a great point is gained, and fewer amputations of the legs will be performed hereafter, both in civil and military practice. We believe the day is not distant when this will be the established practice in injuries, and in

many diseases of the joints. In military surgery Stromeyer has already put it to the test by laying the front of the knee-joint freely open, as if for exsection, in a case of gunshot wound, with encouraging results. The frequent accidents in which the entire joint is exposed, and yet complete cures are effected, with no unfavorable symptoms, confirm this opinion.

The rule to save as much of the limb as possible, when amputation is inevitable, is a prominent feature of the surgery of our day. Its advantages are especially seen in the lower extremity in the amputations at the ankle-joint. The simple methods of SYME and PROGOROFF, by which the limb is rendered nearly as serviceable as with the foot complete, illustrate well the advance of our art.

We have thus pointed out some of the methods by which conservative surgery is accomplishing its beneficent mission. We could adduce examples from every branch of practice, but these may suffice. It is the duty of every student to follow confidently the indications of scientific surgery, and of every practitioner to become a co-worker in this field of service, imbued with the feeling that his highest duty is life and limb conservation.

We are destined by Providence to add a chapter to the history of surgery of no mean importance. The older nations, in their long and bloody wars, have given ample scope for the cultivation and improvement of surgery, and well have these opportunities been improved. Surgical science has been gradually advanced, its rules better defined, and its resources enlarged. At length, while other nations are at rest, we are called upon to perform our parts in the bloody drama of civil war. We have already passed through scenes which may well lead to the anxious inquiry—Are we prepared to make our acts memorable with heroic deeds of life conservation? Are the surgeons of our army, in whose hands now rests the honor of American surgery, and not less the reputation of surgery as a science, fully instructed in all the resources of their art, and thoroughly prepared to use them to advantage? We believe the result will prove that scientific surgery has not suffered in our hands. Our confidence in the genius of American medicine is so great that we do not hesitate to predict that the resources of surgery will be greatly amplified, its conservative tendency carried to its extreme limit, and new fields opened and largely cultivated. But our anxiety is as to the present state of preparation of the great majority of those who now occupy the responsible positions of surgeons to our volunteer forces, to meet the exigencies of the first great conflicts which are impending. Careful study of the best authorities will aid much, but practical experience can alone fully qualify the regimental surgeon.

It is gratifying to notice that the claims of conservative surgery are fully recognised by surgeons filling high official stations, as appears from the recent army order of the Medical Director of the Department of the Potomac. The direction therein given proves, that the most advanced doctrines in scientific surgery are thoroughly appreciated by the official medical head of that portion of our army, and are to be adopted so far as practicable.

THE WEEK.

IN many of the older countries where the science of medicine is recognised as having an important bearing upon the solution of many questions relating to the public interests,

Central Sanitary Boards are established. These Boards have cognisance of all matters pertaining to the public health, such as the location of public buildings, churches, schools, the prevention of nuisances, vaccination, &c. Of the great importance of such an Advisory or Executive Board, to which may be referred all questions of this nature, there would seem to be no doubt, and many foreign Governments have such organizations in intimate relations with the public authorities. We have great need of such Central Sanitary Boards connected with our State Governments, which shall exercise a constant surveillance of the public health. Most of the States have large districts rendered insalubrious by marshes susceptible of drainage, and by water courses interrupted, &c., which, with enlightened sanitary supervision, could be rendered permanently habitable. Innumerable instances are suggested in which such a Board could render invaluable service to the State; but we have at hand a case which so strikingly illustrates the need of an executive body of this kind, that we prefer to quote it. The Medical Officer of the Lunatic Asylum of this State writes the following urgent letter to a gentleman of this city, well known for his devotion to sanitary science:—

"Will you please give me your opinion of the propriety, in a sanitary view, of building pig pens, for over one hundred hogs, to occupy one half acre of the walled yard (wall 14 feet high, containing five acres, appropriated for the use of this asylum, the hogs to be fed with the refuse from a neighboring institution; said pig yard is to be within two hundred feet of the main building of the asylum, and on the side from which the wind usually blows. I write to you this request for the purpose of persuading the inspectors to stop a project which has just commenced, and will ruin this institution if it goes on. I wish you would give me your opinion, not for *my benefit*, but for weight with officials."

Here is a large institution, devoted to the treatment of the insane, about to be rendered utterly useless for the successful treatment of this susceptible class, by a nuisance placed adjoining it by the authorities. For, next to the exhalation of privies, the emanations from hog sties is considered the most injurious to the health of individuals, and the effect upon the health of the insane would be disastrous. If we had a State Board of Health, such questions would be referred to it, and a beneficent public institution would be saved from total ruin.

THE adventurous explorer, DR. ISAAC HAYS, on his return from the Arctic expedition, was warmly greeted by the Medical Society of Nova Scotia, at Halifax. A dinner was given on the occasion at the Halifax House, and a number of distinguished guests were present. The President of the Society, DR. JENNINGS, presided, and introduced DR. HAYS in the most flattering terms. DR. HAYS, in responding to a toast, stated his belief in the practicability of reaching the Pole, with a steam vessel, and a sufficient force of dogs and men. He proposes to renew the attempt another year. Several members of the profession, both English and French, addressed the company, all alluding, in terms of warm commendation, to the career of DR. HAYS, and congratulating the profession that it could claim as a member one so devoted to scientific exploration.

COLLEGE OF PHYSICIANS AND SURGEONS.—We learn that PROF. R. CRESSON STILES, M.D., of the Berkshire Medical College, will lecture on physiology in this school during the absence of PROF. DALTON at the seat of war.

Reviews.

THE PATHOLOGY AND TREATMENT OF VENEREAL DISEASES: including the Results of recent Investigations upon the Subject. By FREEMAN J. BUMSTEAD, M.D., Lecturer on Venereal Diseases at the College of Physicians and Surgeons, New York, Surgeon to St. Luke's Hospital, &c; with Illustrations on Wood. Philadelphia: Blanchard & Lea. 1861.

SUCH is the comprehensive title of a new work recently issued from the press of the well-known Philadelphia publishers, Blanchard & Lea; and we propose in the following paper briefly to analyse and comment upon it. If any one wonders why at this particular period there should be put forth a new book upon a subject which has already received a large share of attention from medical observers and writers, it will only be necessary to refer him to the author's preface, which seems satisfactorily to explain the reasons which impelled him to prepare the present treatise. "The additions to our knowledge of Venereal," we quote from the preface, "during the last ten years, have been numerous, and in the highest degree important. Among the most remarkable, may be mentioned the distinct nature of the two species of chancre; the innocuousness of the secretion of the infecting chancre when applied to the person bearing it, or to any individual affected with the syphilitic diathesis. The removal of certain obstacles to a general belief in the contagiousness of secondary lesions; the fact that syphilis pursues the same course whether derived from a primary or secondary symptom, commencing, in either case, with a chancre at the point where the virus enters the system; the definite period of incubation of the true chancre, and of general manifestations; the inefficacy of the abortive treatment of syphilis; and the phenomena of syphilization and their correct interpretation." Surely, the half of these topics, in consideration of their importance, would warrant the writing of such a treatise, for which our author, however modestly, claims only the character of a collection "from the pages of medical periodical literature in our own and foreign languages," through which they are scattered.

Viewed merely as a compilation, we should consider Dr. Bumstead's work one of great value, inasmuch as it brings together and arranges systematically the latest and most thorough investigations with their results. But it is much more than a compilation, the author having drawn largely upon his own experience in venereal diseases—by no means a limited one—and has thus been able to verify and confirm the results of others' investigations, or to show wherein they failed to satisfy the requirements of careful observation and logical deduction. The introductory chapter of the work gives a somewhat condensed history of venereal diseases, which, by the way, are classed under the three general heads of Gonorrhœa, Chancreoid or the contagious ulcer of the genitals, and Syphilis. Our author receives and repeats the almost universally credited fact that "gonorrhœa has existed among all nations, and from the earliest times of which we have any record;" and quotes briefly from various ancient authorities in support of the statement. So also with the second class—the chancreoid or contagious ulcer of the genitals, which seems to have been familiar to the Greek, Latin, and Arabian writers on medicine.

As to the third, or true syphilis, our author affirms positively that "there is no record in history of the existence of general symptoms prior to the year 1494." This, therefore, he assumes as the date of the first appearance of syphilis; and as we shall have something to say upon this point in another connexion, we shall defer any further notice of this portion of the work, unless it be to mention that the author's "review of the history of venereal diseases furnishes conclusive proof that gonorrhœa and syphilis are not depen-

dent upon the same poison" (p. 34); and again (p. 36) "for all practical purposes, the idea that gonorrhœa is identical with syphilis is exploded."

Dr. B. divides his work into two parts. The first devoted to gonorrhœa and its complications; the second, including, for the sake of convenience, and in accordance with common usage, both the chancreoid and its complications, and syphilis. It were desirable to have the name gonorrhœa discarded from medical nomenclature, because it is incorrectly applied, and conveys an erroneous idea. Still its use has become so general, and its significance in the original so little regarded even if understood, that perhaps any attempt to substitute a different term might be productive of more confusion and misunderstanding than would be compensated by any more correct and definite appellation. Everybody in (as well as very many out of) the profession knows perfectly well what is meant by the word gonorrhœa, and our author has therefore wisely preferred to treat of it under its usual denomination, rather than to exercise his ingenuity, and confound his readers by coining or adopting some polysyllabic epithet which would send one to his Greek Dictionary to ascertain its significance.

Causes and Nature of Gonorrhœa.—Besides the ordinary origin of this disease, from intercourse with a person of the opposite sex affected with it, our author insists upon other sources, and adduces from his own experience and that of numerous other writers on the subject, an array of facts and arguments going to prove the non-specific nature of the cause in very many instances of gonorrhœa. We commend his remarks (pp. 46-55) to careful attention; for the subject is one of vast importance, and bears very strongly upon points which medical men are often called upon to decide, and upon this decision may turn the happiness, the character, and even the life of a patient. We are sure that no candid physician, after reading the pages above referred to, will refuse his assent to Ricord's proposition, "Gonorrhœa often arises from intercourse with women who themselves have not the disease."

In regard to *treatment*, our author's directions are full, clear, and minute, and embrace all that is known and approved upon this point at the present time. We refer the reader to the work itself for further information, our limits not permitting extended quotations.

The chapters following are devoted to a notice of the complications and sequelæ of gonorrhœa, among which are gleet, balanitis, phymosis and paraphimosis, swelled testicle, prostaticitis, cystitis, ophthalmia, rheumatism, and stricture; all of which are ably discussed, and the last is treated at considerable length, and with evident care. The medical student will find here all that it is important to know; and the active practitioner who wishes to bring up his knowledge on this subject to the latest standard, may with advantage consult Dr. Bumstead's work, and save himself much time and labor in hunting over authorities. The illustrations scattered through these chapters contribute very materially to a clear and ready understanding of the operations and processes described in the text.

The second part of the work is appropriated to "the Chancreoid, its Complications, and Syphilis." This branch of the subject, in any treatise on venereal, is of course by far the more important, but in the work under notice it is especially so. It is upon this that our author has laid out his strength, and upon this must depend his reputation as a medical author; and before entering upon the regular perusal of the book, we would strongly urge any person who may glance over this article, to read carefully the introductory remarks with which Dr. B. has prefaced this portion of the work. The author has succinctly and clearly laid down four characteristics of the class of diseases termed "infectious," under which syphilis is ranked, and proceeds to take "a general view of the disease under these aspects, before entering upon a consideration of its various symptoms in detail."

1. The presence of a morbid poison or virus. Though the existence of a specific syphilitic virus has sometimes

been called in question, the evidence in its favor is so overwhelming that it cannot now be reasonably doubted, and, in short, we may say it is universally admitted. But now comes a question, which until quite recently would have been altogether scouted by the profession, at least in modern times, and which, indeed, for the past ten years, has decided the opinions of surgeons and physicians. It is to the generality a novel question, but so important is its bearing upon all that relates to the history, pathology, progress, and treatment of the disease, that our author very properly devotes particular attention to it, and quotes largely from various authorities on the subject. Not to detain our readers, the question is, "Is there more than one kind of syphilitic virus?"

Dr. Bumstead takes the affirmative, and in the pages which follow (pp. 328 to 348) supports his views in a manner which we unhesitatingly admit is convincing to our mind. Indeed we do not see how the opponents of this doctrine can explain away the facts, or demolish the arguments brought in its favor.

It would seem that this doctrine of the duality of syphilis, which we have characterized as new, if we may believe Basereau and other writers, is an old doctrine revived, and that upon the appearance of what must now be termed true syphilis, in the 15th century, it was looked upon as a new disease differing altogether from the ordinary symptoms of the venereal affections then and previously prevalent; and a very interesting resumé of medical opinions and statements bearing upon this point may be found in the work under notice. We do not propose to go into a differential analysis of the two diseases. This our author has well done in his work, to which we would again refer the reader. We pass on to notice another characteristic of syphilis as an "infectious disease," viz. "the immunity which one attack generally confers against a second." This is the well-known law in regard to all diseases which are both contagious and constitutional, and our author goes on to show that in this respect true syphilis furnishes no real, though perhaps some apparent exceptions. This doctrine has so many important practical as well as theoretical bearings, that its consideration should receive the most thorough and strict attention from medical men. Dr. Bumstead has accordingly endeavored to set forth briefly but clearly its claims, and in our opinion has succeeded in establishing, to say the least, its entire probability. With regard to the two remaining points in this connexion, a regular "period of incubation;" and a certain degree of "order and regularity in the evolution of the symptoms"—which we usually see appertaining to the class of infectious diseases, our author has presented some very instructive and interesting statements, which we fancy will prove quite new to the majority of our readers, or at least to those who have not paid special attention to this branch of medical science.

In chapter second, our author takes up the subject of chancres, which, as before observed, he divides into two classes. The "chancre"—a local and contagious ulcer, which, being most frequently transmitted in sexual intercourse, chiefly affects the genital organs."

The "chancre"—the initiatory lesion of acquired syphilis arising at the point at which the virus enters the system, and separated from the general manifestations of constitutional infection, by a period of incubation."

The "chancre," then, is a simple, local ulcer, generally appearing upon the genitals, capable of being inoculated indefinitely on the same or any other person, giving rise to no constitutional symptoms, and capable of being thoroughly eradicated from the system. The "chancre," on the other hand, is "the initiatory lesion of acquired syphilis," incapable of inoculation upon the same person, or any other affected with the same disease; giving rise to constitutional symptoms, which also are contagious, and very obstinately persisting for months and years, often in spite of energetic and unintermitted treatment, whether with or without mercury. The former is the sore, with a soft base, apt to be followed by an inflammatory suppurating bubo. The latter an in-

flamed ulcer, giving rise to indolent, non-suppurating bubo. The former is often seen in groups of two or three—the latter generally single—and the former is found to occur in much greater relative frequency than the latter—the ratio being 3 or 4 to 1. Such is, briefly, the description of the two kinds of ulcer, which have so often been confounded as one and the same disease, and treated as well as described under the common name of chancre, and to the want of a clear discrimination between them may be ascribed, in our opinion, the wide difference in the views of medical men, with regard to their treatment—the fierce controversies which have been waged between "mercurialists and anti-mercurialists," and in short, the uncertainty and doubt which have long hung over this branch of medicine. We rejoice to believe that these doubts and uncertainties are fast vanishing, and the true light begins to shine under the efforts of men, who, like our author, have devoted sharp eyes, cool heads, careful observation, and patient research to the elucidation of the mystery.

But to resume our analysis of the work, which, to do it full justice, should be much more extended and minute than we propose in this paper; our author goes on to speak of the different varieties of chancre, using this term generically. Of these he makes five: the simple, infecting, mixed, gangrenous, and phagedenic. Our limits permit merely this enumeration. Next follows the subject of bubo, and in chapter fourth we are introduced to the highly important subject of general syphilis. A brief review of this portion would necessarily be a very imperfect one, and we therefore prefer simply to state that, taking for his text the proposition that "general syphilis always follows a chancre," our author proceeds (in pages 450 to 494 inclusive) to set forth the results of modern investigations upon the subject, and in the course of his remarks we find, what in our view are some of the most vitally important as well as highly interesting features of the work, and these too, upon which the greatest ignorance—we were about to say, but perhaps should use instead the phrase, least clearness of knowledge—has prevailed, yes, and still prevails. This portion includes the doctrine of the contagiousness of secondary symptoms, the asserted fact that syphilis pursues essentially the same course whether derived from a primary or secondary symptom; the doctrine of a period of incubation, with various other topics, all worthy of the closest study.

Next comes the treatment of syphilis, and here our author is clear, full, and minute, giving the results of his own practice, as well as others celebrated in this specialty. The important subjects of mercury, iodine, and their compounds are ably discussed, and Dr. B. points out very definitely the indications for, and methods of using them to the greatest advantage. Of course our readers will prefer to get all these from the work itself rather than at second-hand, and we therefore pass them by, stopping only to say a word about the novel process of "syphilization," as it is termed. This, which means simply the inoculation of the secretion from a syphilitic ulcer upon a healthy person by way of prevention, or upon a diseased one with the object of cure, was first put in practice upon anything like a large scale, by Sperino, an Italian physician at Turin, in the year 1851. In 1853 he published a work upon the subject, in which he reports ninety-six cures by this operation. As the process is one not likely to meet with very general favor, at least in this country, until better established by repeated experiments, we shall say but little in regard to it. As a preventive, the practice of syphilization has been abandoned even by its author; as a curative agent, it certainly seems worthy of trial in those obstinate cases of constitutional disease which have been through the ordinary methods of treatment unsuccessfully; anything, it seems to us, would be better than to drag out a miserable existence with so loathsome a disease as constitutional syphilis pervading the system, and affecting every portion, even to skin and muscle, bone and sinew. Now as the syphilization or inoculation of syphilitic virus is performed only with the

matter taken from a chancre (for if our author's theory is correct, true syphilis is not auto-inoculable), it introduces into the system no new or increased constitutional poison, but gives rise only to a local sore, which, as we have before stated, will heal under almost any treatment, or, in fact, in the absence of treatment, and therefore occasioning no more inconvenience than vaccination, it certainly would be preferable to enduring the horror of the prolonged and terrible disease which its advocates propose thus to cure. In our judgment, therefore, syphilization, if not immediately adopted, should by no means be condemned without further trial.

We have drawn out this paper to so great a length that we are compelled to pass over many things in Dr. Bumstead's book which appear worthy of notice. But every intelligent reader will easily discover these for himself. We need hardly say that we have been very favorably impressed by the work, and regard it as a most valuable addition to syphilitic literature; and as a practical treatise 'too, we cannot but consider it timely and appropriate. For, opinions upon the nature of syphilis being so diverse, its treatment could not be termed well settled. We believe this treatise will come to be regarded as high authority in this branch of medical practice, and we cordially commend it to the favorable notice of our brethren in the profession. For our own part, we candidly confess that we have received many new ideas from its perusal, as well as modified many views which we have long, and, as we now think, erroneously entertained on the subject of syphilis. Among these, is the idea of abortive treatment as applied to a true chancre. It has been, and still is believed by the majority of the profession, that if a chancre can be submitted to appropriate treatment within the first few days of its existence, before, as they say, "it has had time to pass into the system," it may be so effectually destroyed by caustics or excision, that no constitutional affection will ensue. Fortunate, indeed, would it be for many a patient if this were indeed a fact; but if the ground taken by Dr. Bumstead is tenable, even a few hours are sufficient to render abortive treatment nugatory and unavailing. Again, if, as our author holds, syphilis affects the constitution so radically and so deeply, that months and years are sometimes requisite for its removal, how extremely important this fact becomes in a hygienic point of view, and how great the responsibility resting upon those who have the care or education of the young, to warn them against exposure to a disease which may not only embitter their own lives, and poison their own systems, but which long years after even the memory of their sin has vanished, may manifest its presence in their children's children, and to the eye of the experienced medical observer at least, may betray its traces in the third and fourth generation.

It only remains to add, that this book, like most of those which issue from the press of Messrs. Blanchard & Lea, is beautifully printed and well illustrated—a fact, which in no small degree enhances its value, whether it be as a book for reference, or a simple addition to the library.

To sum up all in a few words, this book is one which no practising physician or medical student can very well afford to do without.

Correspondence.

A GOOD SUGGESTION TO SOLDIERS.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—In thinking of our brethren in the army in connexion with the article in your last number relative to malarious prophylaxis, it occurred to me that there was one very fatal surgical disease which might be guarded against, if soldiers could only be reminded at a proper time of the simple means. An empty bladder would very often pre-

vent a wound of that viscus, and its frequent and fatal complication—peritoneal urinary extravasation. There will seldom be an alarm so sudden that the bladder could not be emptied before forming company; and even during actual engagement there are often ample time and opportunity for this purpose. And after a word of explanation to the men once given, a caution from the line officer would accomplish the object. Of course, this could make no part of the "tactics;" there is something very ludicrous in the bare idea; but it is not the less worthy of attention. And if it be worthy of grave suggestion to a captain or lieutenant to carry lint and persulphate of iron, why is it not pertinent for the surgeon in his daily intercourse with these officers to remind them of every means for warding off casualties, or for rendering them less serious? And if I were a captain—a father to a company—I would indulge as much self-complacency in regard to any forethought for the safety of my command as on account of the most brilliant leading or daring *coup de main*. R.

THE NECESSITY OF A LUNACY COMMISSION.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR—The true policy of all governments, kingdoms, and states, doubtless is, to aim at an approach to, and struggle for the establishment of the best legal and sanitary provisions for its subjects. In all countries (like our own) based upon a platform of equal rights and justice to all, experience demonstrates that it is only by slow degrees that we are permitted to arrive at the desired end, and while we regard it to be the duty of all to comply with implicit obedience to the existing provisions; acknowledging fealty to the laws of the land, and to the laws of conscience; we find that we have a large population in our midst that acknowledge no law, and that are not amenable to any either within or without. It follows, from motives of sympathy and civilization, to be the duty of civilized countries to provide humane and salutary laws and regulations for this unfortunate class. Until of late, however, but little has been done except to provide the shackle and the cord. An evil spirit had seized the body; a demon had dethroned the mind, and must be controlled; metaphysics were rife with speculation; until at length the study of the corporeal organism began to progress. The seat of the mind was located, and insanity became a study. At first to know its why's and its wherefores was an inextricable labyrinth. And today, viewed in all its forms, aspects, and shades, it is indeed a mystery; and when we consider the fact that we have within our own state over three thousand acknowledged subjects, it may be asked, how many more may there be, who are more or less to be brought under its influence, ultimately to swell the catalogue?

Our institutions and provisions have grown up from necessity, in this department, each upon its own basis, without general system or supervision, and the subject under consideration demands a hearing.

There are two classes, making two grand divisions of these unfortunates—the acute and chronic, a large percentage of the former susceptible of cure or improvement, while the latter is susceptible of little or none. Our public institutions is the place for the former class, and it is to be presumed that if proper local arrangements were made in each county for the latter class, they may be made as comfortable and as humanely cared for as in the public institutions, and at a less expense by a large per cent. It is to be noted, however, that our public institutions would not suffer in this arrangement. On the contrary, they may be made much more useful than at present; a large proportion of their inmates might be transferred to the local institutions, giving place to others suffering for the want of the enlightened treatment they would there receive, but cannot for want of ample provisions to get them there, or place to put them when there. It would be the province of a Commission of Lunacy to regulate all this, and to endeavor to operate with the county authorities to provide suitable apart-

ments and appendices to their already pauper establishments, and in that way obviate the necessity of making provision for other public institutions, a subject which has heretofore been more or less agitated, and which a lapse of time would be sure to render necessary.

The necessity of such a Commission, and such arrangements, has long since been developed and established by some European governments; but it is to be doubted, perhaps, whether it has ever been carried to that degree of perfection that it can be made to be in this country.

The object of your correspondent is not to enter into an elaborate disquisition upon this subject; but to invite the especial attention of your readers to its consideration; to scan in their own minds its merits and demerits; and take such action as they may feel called upon to make.

Yours, etc., L. B. C.

Army Medical Intelligence.

HEALTH OF TROOPS IN MISSOURI.

[Army Correspondence of the AMERICAN MEDICAL TIMES.]

OTTENVILLE, COOPER CO., MO., OCT. 16, 1861.

SIR—The Iowa 5th has done heavy work since we arrived in the state, having been constantly on the move; still it has enjoyed comparatively good health. The following is our list of sickness for the month of September, but I attribute a large proportion of the diarrhoea to insufficient clothing. Our regiment as yet not having been supplied with over or under coats, and light blankets, nothing but the best of good natures and strong love for the cause in which they are engaged, could possibly keep men toiling through wet and cold, with so little complaint, when they would be perfectly justified in stacking arms and leaving for home. The intermittent fever list has been large, but that is attributable to the same cause to a great extent, for relapses are frequent, owing to not being properly protected from cold. I am in hopes this will be remedied in a few days, as clothing is daily looked for. The sick list for October has been smaller up to the present time, but three cases of measles have made their appearance in the last three days, and I fear the whole regiment will become infected. Nearly all the Illinois, Indiana, and Missouri regiments around us have been badly troubled, and the Iowa 6th has had two hundred sick at a time, though mostly fit for duty now. Having run the gauntlet for the past two months on this troublesome disease, I was in hopes we might escape entirely, "but our time has come." No doubt another great cause for diarrhoea has been the abundance of green fruit of all kinds, and great variety of nuts, all of which the men will indulge in *ad libitum*, and no amount of caution, advice, or remonstrance avails anything, and I only live in hopes of the evil being remedied when the material is exhausted. Disease thus far has been easily controlled, though the consumption of quinine and opium I fear would frighten the faculty east; but with us the daily demand and consumption, though large, only shows that without it our regiments would be but skeletons in form, and soon cease to exist. Give the western surgeon quinine and opium, and he is prepared to meet most of the ills of life, notwithstanding the balance of his stores may be short.

I wish you would also call the attention of the proper authorities to the furnishing ovens of some description suitable for baking bread on the march. At the east all the men can be furnished with soft bread from the large towns, but with us, far away frequently from civilization, on long marches we have to carry our flour or pick it up where we can. As yet nothing has been furnished for *baking* except the common little camp pan. Our men have tried it, but either owing to the want of experience of the men, or its inadequacy to the demand, the result has been a miserable failure, the bread being heavy as lead, and the result has

been that thirty hours' use added ten men with diarrhoea from one company, and so on. Government has one of two things to do, either to furnish suitable ovens, or send a *Soyer* to teach the men how to use the present apparatus, or they will soon have no army. At present our men, and I presume most other regiments, are using hard bread, but that will not continue long, and we must come back to flour again. Let it be looked to in time. Another great fault with us has been the lack of potatoes and fresh meat. For nearly two months our men have been kept on salt meat or bacon and hard bread or flour. But little fresh meat, very few potatoes, no vegetables, and yet we have been in the midst of abundance of all these, and the army could have been supplied abundantly and kept at two-thirds of the expense, and yet *red tape* would not permit of it. What is the effect? Why, in the land of plenty, with every kind of antiscorbutic in abundance, and cheaper than what is producing the disease, *scurvy* begins to appear among the men in the shape of swollen legs, purpura hemorrhagica, debility, etc. With such a beginning early this season, what may be expected during the winter? There is no reason why potatoes should not be supplied in abundance everywhere, and as to cheapness no one will question that.

Yours, &c.,

CHARLES H. RAWSON,
Surgeon to 5th Iowa Regt. Vols.

Report of the sick and wounded of the 5th Regiment Iowa Volunteers for the month of September, 1861: Febris intermittent, 191; febris remittent, 27; diarrhoea, acute, 157; dysentery, acute, 12; tonsillitis, 3; indisposed, 75; pneumonia, 2; bronchitis, 12; pleurisy, 1; rheumatism, acute, 2; lumbago, 1; nephritis, 1; abscess of arm, 1; furuncle, 2; erysipelas, 1; cholera morbus, 1; debility, 2; conjunctivitis, 7; neuralgia in face, 3; odontalgia, 2; piles, 3; incised wound, 1; gunshot wound in hand, 1; hernia, 1. George W. Cooper died Sept. 16, at Post Hospital, Jefferson City, of chronic diarrhoea; William Barret committed suicide by shooting himself in the head, Sept. 16, on board the War Eagle.

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

From the 21st day of October to the 28th day of October, 1861.

Abstract of the Official Report.

Deaths.—Men, 83; women, 81; boys, 136; girls, 100—total, 401. Adults, 165; children, 236; males, 220; females, 181; colored, 7. Infants under two years of age, 176. Children reported of native parents, 34; foreign, 164.

Among the causes of death we notice:—Apoplexy, 7; Infantile convulsions, 31; croup, 5; diphtheria, 4; scarlet fever, 14; typhus and typhoid fevers, 8; cholera infantum, 15; cholera morbus, 1; consumption, 63; small-pox, 4; dropsy of head, 17; infantile marasmus, 26; diarrhoea and dysentery, 16; inflammation of brain, 14; of bowels, 8; of lungs, 24; bronchitis, 6; congestion of brain, 11; of lungs, 3; erysipelas, 0; whooping cough, 4; measles, 8. 212 deaths occurred from acute disease, and 45 from violent causes. 280 were native, and 121 foreign; of whom 52 came from Ireland; 3 died in the Immigrant Institution, and 43 in the City Charities; of whom 15 were in the Bellevue Hospital.

Abstract of the Atmospheric Record of the Eastern Dispensary, kept in the Market Building, No. 57 Essex street, New York.

1861	Barometer.		Temperature.			Difference of dry and wet bulb. Therm.		Wind.	Mean amount of cloud.	Humidity saturation, 1000
	Mean height.	Daily range.	Mean.	Min.	Max.	Mean.	Max.			
	Is.	Is.			
20th.	30.00	.24	54	50	66	9	15	N. W.	4	500
21st.	30.20	.17	51	45½	57	9	11	N. W.	3	450
22d.	30.08	.30	55	47	62	6	9	N. E.	5	630
23d.	29.77	.34	54	44	63	5	9	N. E. to S. W.	6	601
24th.	30.17	.40	46	38	55	8	13	N. W. to S. W.	07	550
25th.	30.44	.37	44	34	58	6	9	N. W. to S. E.	5	617
26th.	30.21	.14	53	48	58	2	8	S. E. to N. E.	10	621

REMARKS.—20th, Variable day; clear evening. 21st, Fresh wind A.M.; cloudy sky P.M. 22d, Wind fresh A.M.; cloudy P.M.; rain late at night. 23d, Hard rain, early; light at 8 A.M. and 3 P.M.; clear P.M. Rain fall of the 22d and 23d, 61 in. 25th, First ice of the season, early A.M., in exposed places; sky cloudy P.M. 26th, Light rain at intervals during the day, hard late P.M.; amount, 30 in.

TO CORRESPONDENTS.

S. R. (N. Y.)—Communication has been received and will appear in our next.

J. K. M. (N. Y.)—Paper on "Quinine as a Prophylactic," will appear next week.

J. P. (Sing Sing, N. Y.)—Paper received and will appear at an early day.

E. T. (N. Y.)—Communication will be inserted as soon as possible.

W. K. S. (U. S. N.)—Communication very acceptable.

W. L. A. (Sullivan Co., N. Y.)—Communication next week.

SPECIAL NOTICES.

The paper on "Moral Insanity in Relation to Criminal Acts," read by DR. PARIGOT before the N. Y. Academy of Medicine Oct. 2d, will come up for discussion on Wednesday evening, Nov. 6th.

MEDICAL DIARY OF THE WEEK.

Monday, Nov. 4.	{ NEW YORK HOSPITAL, Dr. Buck, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Loomis, Is. Hos., half-past 1 P.M.
Tuesday, Nov. 5.	{ NEW YORK HOSPITAL, Dr. Watson, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Clark, half-past 1 P.M. OPHTHALMIC HOSPITAL, 1 P.M.
Wednesday, Nov. 6.	{ NEW YORK HOSPITAL, Dr. Bulkley, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Sayre, Is. Hos., half-past 1 P.M. ACADEMY OF MEDICINE, 7 P.M.
Thursday, Nov. 7.	{ NEW YORK HOSPITAL, Dr. Buck, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Elliot, half-past 1 P.M. OPHTHALMIC HOSPITAL, 1 P.M.
Friday, Nov. 8.	{ NEW YORK HOSPITAL, Dr. Watson, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Flint, half-past 1 P.M. EYE INFIRMARY, Dr. Noyes, half-past 1 P.M.
Saturday, Nov. 9.	{ NEW YORK HOSPITAL, Dr. Bulkley, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Parker, half-past 1 P.M. " " Dr. Wood's Clinic, half-past 2 P.M. OPHTHALMIC HOSPITAL, 1 P.M.

A Work on Mal-Practice,

(PREPARING.)

MEDICAL JURISPRUDENCE,

IN ITS APPLICATION TO THE PRACTICE OF
MEDICINE, SURGERY, AND MIDWIFERY, IN THE
UNITED STATES.

By STEPHEN SMITH, M.D.,

Professor of the Principles and Practice of Surgery in the Bellevue
Hospital Medical College.

In no country is the practitioner of Medicine, Surgery, and Midwifery so frequently arraigned in courts of law for alleged mal-practice, and his treatment of disease made the subject of litigation, as in our own. Within the past few years, this branch of Medical Jurisprudence has become so rapidly developed that it is now beginning to assume an importance of the deepest interest to the profession.

It is with a view to illustrate the legal responsibilities of the medical practitioner, in his several capacities as Physician, Surgeon, and Accoucheur, that the preparation of this treatise has been undertaken. It will be based on the legal evidence which has long been accumulating in our courts, and which must remain unavailable to both the medical and legal profession, until reduced in a systematic work. By patient and persevering effort for upwards of ten years, a large amount of material has been collected, embracing carefully prepared reports of about five hundred trials for alleged mal-practice, which completely illustrate the legal responsibilities of medical men in every branch of practical medicine, surgery, and obstetrics. Though the author is engaged in reducing this large amount of material to the form of a systematic treatise, he still solicits the co-operation of the profession in obtaining reports of trials for alleged mal-practice, in order that the collection may embrace all the litigated cases in this country, as well as the most recent judicial decisions. He, therefore, respectfully solicits from those who have cognizance of cases,

THE NOTES AND CHARGE OF THE PRESIDING JUDGE IN SUCH SUIT; OR THE
NOTES OF LEGAL GENTLEMEN ENGAGED IN THE SUIT.

If these documents are not accessible, such facts as can be obtained of cases where suits for mal-practice have been tried, or instituted and quashed, or even threatened? The points of particular interest are—1. Names of parties to the suit; Court in which case was tried; Presiding Judge. 2. Date of trial. 3. History of the case in the treatment of which mal-practice was alleged, as nature of disease, injury, &c., complications, treatment, results, &c. 4. Testimony brought forward on the trial; opinions of experts, &c. 5. Opinions and Charge of Judge. 6. Verdict, &c., &c.

The strictest confidence will be observed in regard to names, facts, &c., communicated, and no use whatever will be made of them except in the preparation of this work. All communications will be duly acknowledged.

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eases of the Joints involving Anchylosis, and on the Treatment for
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